City of Augusta's

Camp Data is a community outreach program developed by the City of Augusta's Information Technology Department.

The program is split into six sessions, targeted at two different age groups. Below are the dates and ages for the camps, all times are from:

8:00am – 12:30pm

Camp 1	Ages 6-8	June 8 - 12
Camp 2	Ages 9-11	June 14 - 19
Camp 3	Ages 6-8	June 21 - 26
Camp 4	Ages 9-11	July 13 - 17
Camp 5	Ages 6-8	July 20 - 24
Camp 6	Ages 9-11	July 27 - 31

Currently in its second year, the camp will teach basic computer techniques, including hardware such as PCs, monitors, mouse, keyboard, and printer fundamentals. The program will also introduce the participants to basic software applications such as Microsoft Windows XP, Microsoft Paint, and Microsoft Word 2007. The role of technology in the world will also be explored.

- There is no fee for **Camp Data**.
- Lunch will be provided for the participants at no cost.
- Must be Richmond County Resident or City of Augusta Employee.
- Each child is limited to only one session.
- Space is limited to 18 students each camp.
- Transportation will not be provided.

Registration Forms:

Send a fully completed form for each child to:
Information Technology Department
530 Greene St. A-101
Augusta, GA 30901
Phone: 706-821-2522

Guidelines:

- There will always be at least two adults in the lab at all times. At no time will there be one adult alone with a child.
- A copy of the child's BIRTH CERTIFICATE is required.
- Drop off is from 8:00 AM to 8:30 AM. Pick up is from 12:30 PM to 1:00 PM.
- A participant cannot leave Camp Data without the child's parent or designated guardian.
- No fighting or horseplay allowed at anytime.
- No throwing of anything.
- No lying, stealing, or profanity.
- Respect for Camp Data members and staff will be displayed at all times.
- The following items will <u>not</u> be allowed at Camp Data:
    - Personal video gaming units and any games for the computer systems.
    - Walkman, Discman, or IPods.
    - Trading or playing cards.
    - Guns, knives, or weapons of any sort either fake or real.
- Cell phones will be allowed but must be turned off during Camp Data.

Camp Data Registration Form

(Please rank camp sessions from 1-3 according to attendance preference for this child)

Camp 1	Camp 2	Camp 3	Camp 4	Camp 5	Camp 6
___ Ages 6-8	___ Ages 9-11	___ Ages 6-8	___ Ages 9-11	___ Ages 6-8	___ Ages 9-11

Youth: S M L
Adult: S M L

M   F

Child's Name _____   Date of Birth _____   Shirt Size (circle)   Sex

Parent's/Guardian's Name _____   Parent's/Guardian's Name _____

(___) _____ Home Phone   (___) _____ Work Phone   (___) _____ Home Phone   (___) _____ Work Phone

Address _____   Address _____

City, ST ZIP Code _____   City, ST ZIP Code _____

Alternate Contact Information

Alternate Contact /Pickup Information _____   Relationship _____

Home Phone _____   Work Phone _____

Alternate Contact /Pickup Information _____   Relationship _____

Home Phone _____   Work Phone _____

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____   Phone Number _____

Insurance Company _____   Policy Number _____

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____   Date _____

I/We, the parent/guardian(s) of the above named child, hereby give my/our approval for his/her participation in activities during the current session. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnify and hold harmless the City of Augusta, the organizers of the activity, sponsors, and the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son/daughter to the doctor/hospital in case of injury.

Parent's/Guardian's Signature _____   Date _____

*Please attach a copy of BIRTH CERTIFICATE.